

CASE # _____

COMMODITY SUPPLEMENTAL FOOD PROGRAM APPLICATION

Please complete one application for each person you are enrolling on the program.

Name _____ Date of Birth _____ Verified by _____

Address _____ City _____ ZIP _____ Verified by _____

County _____ Home Phone _____ Work Phone _____

CIRCLE ONE OR MORE: (For civil service statistical purposes only) Are you Hispanic or Latino? ____ Yes ____ No

1) American Indian or Alaskan Native 2) Asian 3) Black or African American 4) Native Hawaiian or Other Pacific Islander 5) White

IS THE APPLICANT:

☐ Elder ☐ Child ☐ Recently had a baby or Miscarriage (Infants Date of Birth _____)

☐ Pregnant (Due Date _____) ☐ Breastfeeding (Infant's Date of Birth _____)

☐ Female ☐ Male Social Security Number (ELDERS) _____

ADULTS ONLY(Circle one): Single Married Divorced Separated Widowed

WOMEN & CHILDREN ONLY:

Does the applicant have an SRS Medical Card? ☐ Yes ☐ No Verified by _____

List persons authorized to pick up your food-no more than two(2): _____

How many persons live at your address? _____ Are you living with a friend or relative? ☐ Yes ☐ No

List all persons living in your home and include income for each person working or receiving benefits.

<u>Names of those WORKING</u>	<u>Hours worked</u>	<u>Amount Gross</u>					
_____	_____	_____	Hour	Week	Biweek	Month	Year
_____	_____	_____	Hour	Week	Biweek	Month	Year

Names of those NOT WORKING, RETIRED, CHILDREN-OTHER THAN YOURSELF

LIST DOLLAR AMOUNTS OF ANY OTHER INCOME (before deductions):

TAF _____	Social Security _____	Food Stamps _____	Disability /SSI _____
Unemployment _____	Pension/Retirement _____	SRS/General Asst. _____	Foster Care Pay _____
Military Pay _____	Self-Employed _____	Child Support _____	Interest Income _____
Other _____	Verified by _____		

Has the applicant been on CSFP before? ☐ Yes ☐ No Has the applicant ever been on WIC? ☐ Yes ☐ No

Is the applicant, or any others living in the home Migrant Workers? ☐ Yes ☐ No In a homeless shelter? ☐ Yes ☐ No

By reading, signing and dating the back of this form, I acknowledge that the information provided is accurate and complete. I also understand that an individual may not receive WIC and CSFP benefits at the same time. I certify that I am not receiving WIC for this applicant/participant. I also understand that I must notify CSFP of all changes of income, address or household composition within 10 days.

This institution is an equal opportunity provider.